2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 1. Entity Name

Principal Place of Business

HEALTHSOUTH LTAC OF BAY COUNTY, INC.



May 05, 2003 8:00 am Secretary of State 05-05-2003 91145 002 ***150.00

FILED



ONE HEALTHSOUTH PARKWAY ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 BIRMINGHAM AL 35243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 95-4895911 City & State City & State APPLIED FOR Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11,	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	∑ Delete	TITLE	Chairman/Director	☐ Change	X Addition	
NAME	SCRUSHY, RICHARD M	E3 Delete	NAME	Joel C. Gordon	- cuango		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	·	STREET ADDRESS	One Healthsouth Parkway			
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	Birmingham, AL 35243			
TITLE	PD	X Delete	TITLE	President/Director	☐ Change	Addition	
NAME	OWENS, WILLIAM T		NAME	Robert P. May		}	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	One Healthsouth Parkway		Ì	
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	Birmingham, AL 35243			
TITLE	VSD	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	HALE, BRANDON O		NAME	· · · · · · ·			
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP			_ \	
TITLE	VT	X Delete	TITLE	Vice President/Treasurer	☐ Change	X Addition	
NAME	MCVAY, MALCOLM E		NAME	Guy Sansone		ł	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	One Healthsouth Parkway			
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP	Birmingham, AL 35243			
TITLE	V	☐ Delete	TITLE		Change	☐ Addition	
NAME	TAYLOR, LARRY D		NAME			ļ	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP				
TITLE	[V	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
	FOSTER, PATRICK A		NAME				
	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL 35243		CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the faceiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with address, with address, with address, with address.

SIGNATURE:

Richard EE Botts/Vice President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Daytime Phone #

(205)967-7116

Applied For

\$8.75 Additional

Zip Code

\$5.00 May Be

Added to Fees

Fee Required

Not Applicable